penalty for altering or erasing the inspection marks, for changing the contents of the packages after marking, or filling them repeatedly without erasing the marks. Notwithstanding these and other defects, it has twice been found impracticable to obtain passage for an amended bill through our legislature. Yet the inspection, with all its defects, has done some good. It has been much talked about, and prudent people prefer to use oils not branded "explosive and dangerous."

Repeated efforts have been made to place the inspection of live animals and flesh intended for human consumption under the administration of the board of health. The governor, even, recommended this measure in his last annual message; but the majority of our legislators hold that the governor's patronage must not be impaired, and so the inspector is still chosen for political services rather than for any qualifications for his duties.

Although the powers of our board of health are too much restricted to answer the sanitary needs of such a city as New Orleans, yet, on comparing its present efficiency with its former impotence, we see so much progress in ten years as to entertain hope for the decade to come. In the execution of its sanitary functions it finds far less opposition than in the enforcement of quarantine, and last year the faith of the people in its ability to stamp out yellow fever by the use of disinfecting agents was so implicit and prolonged that reaction from disappointment produced a nearer approach to panic than was ever before known in presence of pestilence.

S. S. H.

March 15, 1879.

SHORT COMMUNICATIONS.

MEDICAL WITNESS FEES.

MR. EDITOR, — Can there not be something done to raise the fee at present paid physicians for testifying at inquests? One day last week I lost my dinner and two hours of precious time in order to tell what I knew about a man dead from a railroad accident. In return I received just ninety cents. I have been informed that the judge can *officially* allow a larger fee. Till some action is taken I hope my medical brethren will insist on his honor's allowing them liberal pay. These remarks apply to the municipal courts also.

I am very respectfully your obedient servant,
G. W. COPELAND, M. D.
MAVERICK SQUARE, EAST BOSTON, April 25, 1879.

TYPHOID FEVER IN ADVANCED AGE.

In an interesting discussion on this subject, reported in the *JOURNAL* April 22, 1869, which came up in connection with a case described by Dr. Cotting, and in which Drs. Jackson, Hodges, and others took part, the fact of the absence of Peyer's patches in old persons, as stated by British authors, was questioned. In four cases of autopsies in subjects over seventy years of age, who did not die of typhoid fever, subsequently examined by Dr. Cotting, Peyer's patches were found to be well marked in two, absent in the other two. In Quain's *Anatomy*, page 848, it is stated that "after middle life they become more or less flaccid and empty, and have generally completely disappeared in advanced age." Drs. J. B. S. Jackson and John Homans verified the appearances in the four autopsies referred to above. What the relations may be between the ulceration of Peyer's glands and the elimination of the typhoidal poison is unknown, but in patients over forty the disease when it occurs is apt to be severe. The persistence of Peyer's patches, in certain individuals at least, to an advanced age might afford means for verifying this affection, and their occasional presence only would be a sufficient answer to those who regard their assumed non-existence as invalidating the diagnosis of typhoid fever in elderly persons.

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